

# i-GP

## Quality Report

Regus House,  
Victory Way,  
Crossways Business Park, Dartford,  
Kent  
Tel: 020 8798 3964  
Website: [www.i-gp.uk](http://www.i-gp.uk)

Date of inspection visit: 17 January 2017  
Date of publication: 06/04/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Contents

### Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	3
Areas for improvement	6

### Detailed findings from this inspection

Our inspection team	7
Background to i-GP	7
Detailed findings	9
Action we have told the provider to take	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at i-GP on 17 January 2017. i-GP is an online service that patients can use to access a prescription for medication to treat illnesses from a set list of 25 conditions.

We found this service provided caring, responsive and well led services in accordance with the relevant regulations but was not providing safe or effective care in line with the relevant regulations.

### Our key findings were:

- Patients could access a brief description of the GPs available.
- Systems were in place to protect personal information about patients. i-GP was registered with the Information Commissioner's Office.
- Prescribing was monitored to prevent any misuse of the service by patients and to ensure GPs were prescribing appropriately.

# Summary of findings

- There were systems in place to mitigate safety risks including analysing and learning from significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There were appropriate recruitment checks in place for all staff.
- Patients were treated in line with best practice guidance and appropriate medical records were maintained.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints.
- There were clear business strategy plans in place.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- The service encouraged and acted on feedback from both patients and staff.
- Policies were available to staff but some were generic and not service specific.

- There was a lack of consideration to safeguarding within the service. The safeguarding policy was not service specific.

## **The areas where the provider must make improvements are:**

- Ensure safeguarding systems and processes are established and operated effectively.
- The provider must ensure that nationally recognised guidance about delivering safe care and treatment is implemented.
- The service must have a robust system in place to verify the identity of patient.

## **The areas where the provider should make improvements are:**

- Policies should be more specific to the service and contain relevant information.

## **Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

- All staff had received safeguarding training appropriate for their role. All staff had access to local authority information if safeguarding referrals were necessary. However, there was a lack of consideration as to how safeguarding should be implemented within the service.
- There were systems in place to protect all patient information and ensure records were stored securely. The service was registered with the Information Commissioner's Office. On registering with the service, patient identity was verified. In the rare event of a medical emergency occurring during a consultation, systems were in place to direct the patient to seek medical emergency help. The service had a business contingency plan.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty.
- There were enough GPs to meet the demand of the service and appropriate recruitment checks for all staff were in place.
- There were systems in place to meet health and safety legislation and to respond to patient risk.

### **Are services effective?**

We found that this service was not providing effective care in accordance with the relevant regulations.

- Some checks were in place to confirm the patient's identification.
- The service did not regularly share information with other services such as a patient's NHS GP.
- GPs had received training about the Mental Capacity Act.
- We were told that each GP assessed patients' needs and delivered care in line with relevant and current evidence based

# Summary of findings

guidance and standards, for example, National Institute for Health and Care Excellence (NICE) best practice guidelines. We reviewed a sample of anonymised consultation records that demonstrated appropriate patient treatment.

- The service had arrangements in place to coordinate care and share information appropriately. However, Information sharing with a patients NHS GP would only happen if a patient consented.
- If the provider could not deal with the patient's request, this was adequately explained to the patient but a record of the decision was not kept.
- The service's web site contained information to help support patients lead healthier lives.
- There were induction, training, monitoring and appraisal arrangements in place to ensure staff had the skills, knowledge and competence to deliver effective care and treatment.

## **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Systems were in place to ensure that all patient information was stored and kept confidential.
- We were told that GPs undertook consultations in a private.
- We did not speak to patients directly on the days of the inspection. The service had carried out a patient survey and received 100% satisfaction score out of 10 responses.

## **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- There was information available to patients to demonstrate how the service operated. Patients could access help from the service.
- The service's website was accessible 24 hours a day and aimed to be able to issue a prescription within one hour between the hours of 8am to 10pm daily.
- There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

# Summary of findings

## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- There were business plans and an overarching governance framework to support clinical governance and risk management.
- There was a management structure in place and the staff we spoke with understood their responsibilities. Staff were aware of the organisational ethos and philosophy and they told us they felt well supported and could raise any concerns with the provider or the manager.
- The service encouraged patient feedback. There was evidence that staff could also feedback about the quality of the operating system and any change requests were discussed.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure safeguarding systems and processes are established and operated effectively.
- The provider must ensure that nationally recognised guidance about delivering safe care and treatment is implemented.

- The service must have a robust system in place to verify the identity of patient.

### Action the service **SHOULD** take to improve

- Policies should be more specific to the service and contain relevant information.

# i-GP

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a member of the CQC medicines team.

### Background to i-GP

#### Background

i-GP is an online service that patients can use to access a prescription for medication to treat illnesses from a set list of 25 conditions. Conditions treated as advertised on the website include coughs, flu, sore throat, sexually transmitted infections, and asthma. The cost of an online assessment is £10 and the patient will also pay for the cost of the medicine when the prescription is dispensed. Over the past 12 months the service has issued approximately 500 prescriptions.

The i-GP service uses a system called 'swarm intelligence'. This is an online treatment platform which asks patients questions relating to the condition they want treatment for in order to gather information to allow the GP to make a diagnosis.

i-GP employs two GMC registered GPs who work remotely in assessing patient consultation forms when they apply online for prescriptions. The service also employs a systems and service manager on an ad hoc basis.

A registered manager is in place. (A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run).

We conducted our inspection on 17 January 2017 when we visited i-GP's registered location Regus House, Crossways Business Park, Dartford, Kent. We spoke with the registered manager who was also the lead GP. We spoke with the service manager on 20 January 2017, and another GP on 26 January 2017 as both these staff members were unavailable at the time of the inspection.

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a member of the CQC medicines team.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

During our visits we:

- Spoke with a range of staff
- Reviewed organisational documents.
- Reviewed a random sample of patient records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

# Detailed findings

These questions therefore formed the framework for the areas we looked at during the inspection.



# Are services safe?

## Our findings

We found that the service was not meeting regulations in relation to safe care.

### Safety and Security of Patient Information

The provider made it clear to patients what the limitations of the service were. If during completion of the online assessment, the patient gave an answer that was considered a 'red flag' (such as chest pain, or if the patient has medical conditions such as diabetes or cancer) then the patient would be advised that the service would not be able to offer any treatment and to seek advice from their GP. The service was not intended for use by patients with either chronic conditions or as an emergency service. GPs also told us they would regularly speak with patients on the phone.

There were policies and IT systems in place to protect the storage and use of all patient information. The service could provide a clear audit trail of who had access to records and from where and when. The service was registered with the Information Commissioner's Office. There were business contingency plans in place to minimise the risk of losing patient data.

On registering with the service, patient identity was verified and the GPs had access to the patient's previous records held by the service. Patient identity was verified using an online credit check and also used '3D secure' as an extra check to ensure the details of the person making the request matched the details of the payment card holder.

### Prescribing safely

All medicines prescribed to patients from online forms were monitored through audits by the provider to ensure prescribing was evidence based. If medicine was deemed necessary following a consultation, the GPs were able to issue a private prescription to patients. The GPs could only prescribe from a set list of medicines for treating a set number of 25 conditions. There were no controlled drugs on this list.

Once the GP selected the medicine and correct dosage of choice, relevant instructions were given to the patient regarding when and how to take the medicine, the purpose of the medicine and any likely side effects and what they should do if they became unwell.

We asked how the provider ensured that they followed current prescribing guidelines. The provider told us that the doctors would make a clinical decision on what to prescribe based on information provided by the patient, and that they used national guidance such as the TARGET antibiotic prescribing toolkit.

The provider offered treatment for a defined range of minor illnesses. We saw that they did not prescribe for long term conditions which required regular monitoring, other than salbutamol inhalers for use in asthma. The questionnaire for asthma relief was detailed in order to establish whether the patient's asthma was well controlled before prescribing. The doctor told us that a maximum of two inhalers would be prescribed at one time, but there was no formal process to restrict the quantity.

We saw that the provider had a formulary in place and only prescribed medicines which were licensed for the conditions which they were treating. They did not prescribe controlled drugs (medicines that require extra checks because of their potential misuse).

We saw that two-cycle audits had been undertaken during the first year of operation to check that prescribing followed best practice for genital herpes and erectile dysfunction, and the doctor we spoke with told us that they planned to audit antibiotic prescribing in the following year.

The provider's website included information on the likely price of the medicine, although the final cost would be determined by the dispensing pharmacy, and detailed information on the medicines which may be prescribed included how to take the medicine and possible side effects.

Prescriptions were sent to the patient's choice of pharmacy, and the provider contacted the pharmacy first to make sure they were able to receive and dispense the prescription. This meant that patients could get the prescription dispensed immediately. Pharmacists were encouraged to enter receipt and dispensing via a secure website, to provide a record that the prescription had been dispensed.

### Management and learning from safety incidents and alerts

There were systems in place for identifying, investigating and learning from incidents relating to the safety of

# Are services safe?

patients and staff members. We reviewed one incident and found that this had been fully investigated, discussed and as a result action taken in the form of a change in processes.

We saw evidence from one incident which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken.

There were systems in place to deal with medicine safety alerts. There was a system in place to ensure NHS England patient safety and Medicines and Healthcare products Regulatory Agency alerts were disseminated and acted upon. GPs providing on line consultations were notified by email but there was no formal system in place to ensure they had been acted upon.

## Safeguarding

Staff employed at the headquarters had received training in safeguarding and whistleblowing and knew the signs of abuse and to whom to report them. All GPs had received level three child safeguarding training and adult safeguarding training. It was a requirement for GPs contracted by the service to provide safeguarding training certification. The service had access to the local Clinical Commissioning Group safeguarding policy, but lacked a service specific policy and there was no consideration of safeguarding application to the service.

All GPs had received training about the Mental Capacity Act 2005. Staff understood and sought patients' consent to care and treatment in line with legislation and guidance but there was no procedure in place for assessing a patient's capacity during a consultation process. Staff told us that capacity would be assumed due to the complex process of registering with the website and completing the questionnaire. After the inspection the provider informed us that they had added in an extra step so the patient would have to enter a sentence to prove that they were not an automated computer program trying to access the site.

## Staffing and Recruitment

There were enough staff, including GPs, to meet the demand of the service. There was a service manager in place who worked for the service on an ad hoc basis and could provide system support to the GPs when needed.

The provider had a selection process in place for the recruitment of all staff. Required recruitment checks were carried out for all staff prior to commencing employment. The GPs working at the service provided proof of GMC registration, medical indemnity insurance and proof of a disclosure and barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We reviewed three recruitment files which showed the necessary documentation was available. GPs could not be registered to start any consultations until these checks and induction training had been completed. There was an employee handbook in place for staff which covered topics such as health and safety, company rules and also included whistle-blowing.

## Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient safety.

Prescriptions were issued directly to the dispensing pharmacist. The prescription contained a unique validation code which the pharmacist used to verify the prescription by logging on to the i-GP website and entering the code. The pharmacist would then confirm the medicine had been dispensed which the service kept a log of.

The provider headquarters was located within modern purpose built offices but staff typically worked remotely by logging into the system. Patients were not treated on the premises and GPs carried out the online consultations remotely usually from their home.

The provider expected that all GPs would conduct consultations in private and maintain the patient's confidentiality. Each GP used their computer to log into the operating system, which was a secure programme. IT support was available at all times in case the system went down.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Consent to care and treatment**

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries. Information about the cost of the consultation was known in advance and paid for after the consultation appointment was completed. If the service was unable to treat the patient then there would be no charge and the patient would be offered free advice. The cost of the medication would depend on the price charged by the dispensing pharmacy and this was made clear to the patient on the website.

### **Assessment and treatment**

We reviewed a number of questionnaires that were used to assess patients' needs and we found that these were based on evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

If the GP had not reached a satisfactory conclusion from the online consultation form there was a system in place where the GP could contact the patient.

Patients completed an online form which included their past medical history. There was a template to complete for the consultation that included the reasons for the consultation and the outcome to be manually recorded, along with any notes about past medical history and diagnosis. We reviewed anonymised medical records which demonstrated notes had been adequately assessed. GPs had access to all previous notes.

The doctors providing the service worked carefully to maximise the benefits and minimise the risks for patients. If a patient needed further examination they were directed to an appropriate agency. If the provider could not deal with the patient's request, the system would automatically explain this to the patient but a record was not kept of the decision to not offer treatment.

The service monitored consultations and carried out prescribing audits to improve patient outcomes. For example, an audit into the prescribing of herpes treatment demonstrated that all prescribing was in line with clinical guidelines.

### **Coordinating patient care and information sharing**

When a patient contacted the service they were asked if the details of their consultation could be shared with their NHS GP which was an opt in service. If patients agreed we were told that a copy of the consultation notes would be shared with the GP. However, we observed that no patients had consented to this but treatment still commenced for conditions including asthma.

The service did not offer any testing or a referral service.

### **Supporting patients to live healthier lives**

The provider's website offered guidance on managing other conditions for example, managing stress, healthy eating and overall wellness.

### **Staff training**

We were shown that clinical staff had completed training such as safeguarding and basic life support. Staff also completed training online. Any training gaps would be identified during staff appraisals which we seen evidence of.

# Are services caring?

## Our findings

### **Compassion, dignity and respect**

Systems were in place to ensure that all patient information was stored and kept confidential.

The service had carried out their own survey and received a 100% satisfaction rate out of 10 completed surveys.

Feedback left on social media was also monitored and responses were provided if required. Patients described the service as convenient and enjoyed being able to use a pharmacy of their choice.

### **Involvement in decisions about care and treatment**

Patient information guides about how to use the service and technical issues were available. There was a dedicated team to respond to any enquiries. The service had a phone number that patients could call and request a call back from a GP.

The service offered a patient centred approach and developed treatment plans for patients. The website contained links to external sources for further information relating to the treated conditions and medicines available.

Patients had access to information about the GPs available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients accessed the service through going to the website [www.i-gp.uk](http://www.i-gp.uk) which was available 24 hours a day, seven days a week. The website could be accessed through a computer, a smart phone or a tablet computer. This was not an emergency service and if any patients had a medical emergency they would be advised to ask for immediate medical help or contact their own NHS GP. The service did not treat patients outside of the UK.

Any prescriptions issued were delivered within the UK to a chemist of the patient's choice. The pharmacist would receive an electronic prescription with a unique ID that they would enter on the website to verify the authenticity of the prescription.

The service only offered consultations through the questionnaire process and did not offer any other type of consultation such as video calling or instant message.

### Tackling inequity and promoting equality

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group. The service was not available in other languages and there was no version of the website available for people who were visually impaired.

### Managing complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints had been developed and introduced for use. We reviewed the complaint system and noted that comments and complaints made to the service were recorded. We reviewed the only complaint received in the past 12 months. The provider was able to demonstrate that the complaint we reviewed was handled correctly with action taken to improve and the patient received a response.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### **Business Strategy and Governance arrangements**

The provider told us they had a clear vision to work together to provide a high quality responsive service that put caring and patient safety at its heart. Staff members were all aware of what the service's vision was and told us that they strive to provide an affordable high quality service that is accessible to patients 24 hours a day.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. There was a range of service specific policies which were available to all staff through the shared drive but the policies were generic rather than specific to the i-GP service. The date of review was stated on each policy and updated when necessary.

The provider maintained a comprehensive understanding of the performance of the service. There was a system in place for quality improvement. We were shown two examples of two cycle clinical audits that demonstrated that the service was prescribing in line with guidance.

There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Care and treatment records were legible, accurate, and securely kept.

### **Leadership, values and culture**

During the inspection the provider of the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. We noted that the provider was responsive to the feedback we gave them and responded quickly to some of the issues we raised. For example, the service updated their registration process shortly after the inspection so that a patient had to opt out of their NHS GP being contacted rather than opt in.

There was a clear organisational structure with the director having overall responsibility. The chief medical officer had responsibility for any medical issues arising. The two GPs were able to provide cover for each other during absence or sickness and the service manager was able to provide support business and administration support to the clinical staff.

The service had an open and transparent culture and was aware of compliance with the requirements of the Duty of Candour. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology. This was supported by an operational policy.

Staff said they felt respected, valued and supported and that there was an opportunity to discuss issues at team meetings. We saw that team meetings were happening monthly and were minuted, with any issues being assigned to a staff member to action.

### **Seeking and acting on feedback from patients and staff**

The provider encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The provider had conducted a patient survey and received 10 responses which all said they were satisfied with the service.

There was evidence that GPs were able to provide feedback about the quality of the operating system and any change requests were logged, discussed and decisions made for the improvements to be implemented.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation. The Clinical Director was the named person for dealing with any issues raised under whistleblowing.

### **Continuous Improvement**

The service consistently sought ways to improve. All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

We saw from minutes of staff meetings where previous interactions and consultations were discussed.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>Information was not shared with a patient's primary physician to ensure prescribing was safe or appropriate.</p> <p>Regulation 12 (1)</p>
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding service users from abuse and improper treatment</p> <p>There was a lack of safeguarding systems in place to protect service users. The safeguarding policy was not service specific.</p> <p>Regulation 13 (1)</p>
Regulated activity	Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent

The provider did not have a robust system in place to ensure the identity of a patient was verified.

Regulation 11 (1)